

## HOME HEALTH AGENCY COMPLAINT REPORT

Completion of this form is voluntary. Providing the following information will assist the Office of Quality Assurance in reviewing your concerns and will be used for no other purpose.

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### 1. HOME HEALTH AGENCY

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Name of Home Health Agency

Address

City, State, Zip Code

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### 2. DESCRIPTION OF CONCERN

(Please write clearly and be as specific as possible)

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### 3. COMPLAINANT

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Complainant's Name (LAST NAME FIRST)

Mailing or Street Address

City, State and Zip Code

Telephone No.

Do you want to remain anonymous?

☐ Yes

☐ No

## **COMPLAINT RIGHTS AND PROCEDURES FOR A HOME HEALTH PATIENT**

Chapter 50.49 of the Wisconsin Statutes authorizes the Department of Health and Family (DHFS) to establish rules governing the operation of a home health agency.

Wisconsin Administrative Code HFS 133.08(3), authorized by the above state statute, describes a home health agency patient's right to file a complaint with the department as follows:

HFS 133.08(3). At the same time that the statement of patient rights is distributed under sub. (2), the home health agency shall provide the patient or guardian with a statement, provided by the Department, setting forth the right to and procedure for registering a complaint with the Department.

The above statute and rule mean: (1) You have a right to complain directly to the Department of Health and Family Services; and (2) You must be advised by the home health agency serving you of this right and they must tell you how to go about filing a complaint.

Copies of the complaint statement and complaint form will be provided to each agency for distribution to each patient prior to provision of any services and at the conclusion of the service agreement. If a patient or anyone representing the patient's interests has a concern with the patient's care and treatment or believes the patient's rights have been violated, and the agency has not resolved these concerns, a complaint may be filed by writing:

Health Services Section  
Office of Quality Assurance  
2917 International Lane, Suite 300  
Madison WI 53704-3100

or by calling:

The Wisconsin Home Health Hotline  
**TOLL FREE 1-800-642-6552**

The toll free hotline operates a voice message system daily, 24 hours a day. Calls received during the evening, on weekends or holidays, are returned the next workday. The purpose of the hotline is to receive complaints regarding Wisconsin licensed and Medicare/Medicaid certified home health agencies, and to provide information about Wisconsin home health agencies. The hotline may also be used to lodge complaints concerning the implementation of advance directive requirements.

Additional copies of the complaint form can be obtained by contacting the hotline number above.